## PATENT APPLICA

Application or Docket Number

ATION FEE DETENMINATION RECORD	
Effective October 1, 2003	10825985

		CLAIMS AS	s FILED -	PART /	ł	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN										
<u> </u>			(Column 1)		(Column 2)		TYPE		OR	SMALL						
TOTAL CLAIMS			36				RATE	FEE	]	RATE	FEE					
FC	ıR		NUMBER	NUMBER FILED		ER EXTRA	BASIC FEE	385.00	OR	BASIC FEE	770.00					
TC	TAL CHARGEA	BLE CLAIMS	36 mir	36 minus 20= * 6			X\$ 9=	1214	OR	X\$18=						
INE	DEPENDENT CL	_AIMS	13 mir	nus 3 =			X43=		OR	X86=						
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=						
* If the difference in column 1 is less than zero, ente					"0" in c	olumn 2	TOTAL	525	OR	TOTAL						
• • • • • • • • • • • • • • • • • • •											THAN					
		(Column 1)	(Column 2)			(Column 3)	SMALL	ENTITY	OR	SMALL E	ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=						
AME	Independent	* NTATION OF ML	Minus	***	CL AIM	-	X43=		OR	X86=						
	FIRST PRESE	NIAHON OF MIL	JLIPLE DEF	ENDEN	CLAIIVI		+145=		OR	+290=						
							TOTAL		OR ,	TOTAL ADDIT, FEE						
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT. FEE		, ,	ADDII. FEE						
		CLAIMS		HIGH	EST		<u> </u>	ADDI-	[		ADDI-					
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE					
AMENDMENT	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=						
\ME	Independent	*	Minus	***		=	X43=		OR	X86= .						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						145			-220-						
							+145=		OR	+290= TOTAL						
							TOTAL ADDIT, FEE		OR ,	ADDIT. FEE	·					
		(Column 1)		(Colum		(Column 3)	•	· <u>:</u>	_		· 					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
MON	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	•					
ME	Independent	*	Minus	###		=	X43=		OR	X86=						
٧	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
		+145=		OR	+290=											
* 1		mn 1 is less than th	TOTAL		OR ,	TOTAL										
** (	If the "Highest Nur	mber Previously Pa mber Previously Pa					ADDIT FEE L		,	ADDIT. FEE						